POSITION		INITIALS	ID N	ID NO.		DATE				
FEE DETER!	MINATION			<i>a</i>						
O.I.P.E. CLA	SSIFIER		· ~	(1)			11/2	10	2	
FORMALITY	REVIEW	Ac	8 29				121/	UÓ		
1121 199 54 08.	•		DEX OF CLAI	MS						
) ₁₁ G.		Daiget				Nor	n-electe	d		
(0,	=	Allowe	• •				rferenc	_		
44	_ (Thro	ugh numeral) Cancel				Appeal				
V	_ (o.	Restri					ected			
	• ••••••									
mL, ¥	Date	Claim	Date		Cla	im		Date	9	
1_6 kal 1						\neg	11		_	

Claim Date	Claim Date	Claim Date
		
= E	Final Original	Original
	51	101
 - `\\\\\\\ - - - - - - - - - -	52	102
300	53	103
1 3 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	54	104
4 V V	55	106
	56	106
1 + 5 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +	57	107
8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	58	108
9 1 1 1 1 1 1 1 1	59	109
10	60	110
11	61	111
12	62	112
13	63	113
14	64	114
15	65	115
16	66	116
17	67	117
18	68	118
19	69	119
20	70	120
(2) VI	71	121
23 🗸	72	122
23	73	123
24	74	124
25 ✓	75	125
26 =	76	126
27 =	77	127
28 =	78	128
29 =	79	129
30 –	80	130
31 /	81	131
32	82	132
33	83	133
34	84	134
35	85	135
36	86	136
37 38	87	137
	89	138
39		139
40	90	140
41	91	141
42	92	142
43	93	143
44 ,	94	144
	95	145
	96	146
47	97 98	148
48 49	99	
50	100	149
130		

BEST AVAILABLE COPY

If more than 150 claims or 10 actions staple additional sheet here